

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**1016586383**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2	/		/				52						
3	/		/				53						
4	2		/		/		54						
5	1		/				55						
6	1		/				56						
7	1		/				57						
8	1		/				58						
9	1		/				59						
10	1		/		/		60						
11	1		/		/		61						
12	1		/		/		62						
13	1		/		/		63						
14	1		/		/		64						
15	1		/		/		65						
16	1		/		/		66						
17	1		/		/		67						
18	1		/		/		68						
19	1		/		/		69						
20	1		/		/		70						
21	1		/		/		71						
22	2		/		/		72						
23	1		/		/		73						
24	1		/		/		74						
25	1		/		/		75						
26	1		/		/		76						
27	1		/		/		77						
28	1		/		/		78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓	12		↓							
TOTAL DEP.	28	←	16	←		←							
TOTAL CLAIMS	30		28										